Families should have reliable access to this information, and they should have it now.

Today we are taking action, Mr. Speaker. The appropriately named FASTER Act would quickly move this process along by recognizing sesame as a major food allergen, requiring its listing on new food labels after a phase-in process.

Importantly, the bill would also streamline processes at FDA to allow for additional allergens to be listed as major food allergens based on scientific criteria, including the prevalence and the severity of the allergens.

The bill would also help develop quality research into food allergens by directing the Centers for Disease Control and Prevention to expand and intensify its collection of data on food allergens and by directing FDA to report on its use of patient experience data.

I want to thank Representative MATSUI for her tireless efforts in support of families affected by food allergens and for introducing this bill.

I am a strong supporter of the bill, and I encourage all Members to support it.

Mr. Speaker, I reserve the balance of my time.

Mr. WALDEN. Mr. Speaker, I rise in support of H.R. 2117, the Food Allergy Safety, Treatment, Education, and Research Act.

This legislation codifies sesame as a major food allergen. This means that, with enactment of the legislation, products containing sesame would have to list this ingredient on the food packaging label. That is really important for consumers.

Recent studies indicate that sesame allergies in the United States have a prevalence rate on par with the allergies for soy and fish, which are both listed as major allergens under the Federal Food, Drug, and Cosmetic Act.

It is commonsense legislation. It provides consumers with important and, perhaps, even lifesaving information to protect themselves and their families from dangerous allergic reactions.

Mr. Speaker, I urge support of the bill, and I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield 3 minutes to the gentlewoman from California (Ms. MATSUI), the sponsor of the legislation.

Ms. MATSUI. Mr. Speaker, I rise to speak in support of two of my bills being considered today: the FASTER Act and the MODERN Labeling Act.

There are more than 32 million Americans living with potentially life-threatening food allergies who rely on accurate food ingredient labels to make safe decisions for themselves and their family members.

Under current law, mandatory labeling is required for major food allergens recognized by the FDA, like milk, eggs, and peanuts. My grandson Robby has a peanut allergy, and for families like mine, checking food labels is as vital to our everyday lives as breathing.

Unfortunately, FDA labeling requirements do not include the ingredient sesame, leaving more than 1.6 million Americans with a sesame allergy in the dark about what foods and products to avoid. That is why I have been working closely with my colleagues and advocates in the food allergy community to advance the FASTER Act, legislation that updates food allergen labeling laws to include sesame.

Importantly, the FASTER Act also lays critical groundwork for conducting the research necessary to better understand, treat, and, one day, prevent food allergies.

From ingredients in a food product to the prescribing information for a prescription drug, FDA labels play a critical role in protecting public health and empowering Americans to make safe decisions.

This year, our friends in the cancer community brought a real problem to my attention. Despite the important role drug labels play in informing treatment decisions, many generic drug labels are considerably out of date, and there is no existing mechanism to update these labels to reflect new clinical evidence.

That is why I introduced the MODERN Labeling Act, legislation that supports FDA's ability to require modifications to outdated generic drug labels so they reflect new, relevant information.

Accurate, up-to-date generic drug labels are key to optimizing use, enhancing patient benefit, and facilitating greater use of lower cost generics.

These are both important labeling laws, and both labeling bills are bipartisan, commonsense solutions that take important steps to safeguard our public health. I urge my colleagues to support the FASTER Act and the MODERN Labeling Act.

Mr. PALLONE. Mr. Speaker, I ask my colleagues to support this legislation, and I yield back the balance of my time.

Ms. ESHOO. Mr. Speaker, I rise in support of H.R. 2117, the FASTER Act. I'm proud to have advanced this bipartisan bill through my Health Subcommittee and I'm proud to support it on the Floor today.

The FASTER Act was introduced by Representative DORIS MATSUI. It adds sesame as a major allergen for food labeling and allows the FDA, through regulation, to add other food ingredients as major allergens based on the prevalence and severity of allergic reactions to the food ingredient.

The FASTER Act will have an enormous impact on the 32 million Americans living with food allergies and their families.

Hospitalizations for allergic reactions have risen 400 percent over the past decade with 1 in 13 children having a life-threatening food allergy, and many of them are allergic to sesame.

Sesame remains the most common allergen that is NOT required to be written on food labels and is often hidden on labels as "Spices" or "Natural Flavors." Parents and children cannot easily avoid sesame if it's not clearly labeled. Anyone who's ever known a child with a serious food allergy knows how dire a reaction can be.

Over a year ago, the FDA issued a request for information about requiring the sesame allergen label and since then has only taken limited action to address this issue through draft guidance that would allow manufacturers to voluntarily list sesame as an ingredient.

The FDA needs to do more to help curb the risks these children face and the FASTER Act will help the FDA do just that. I urge all my colleagues to support this bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 2117, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

BIPARTISAN SOLUTION TO CYCLICAL VIOLENCE ACT OF 2020

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5855) to amend the Public Health Service Act to establish a grant program supporting trauma center violence intervention and violence prevention programs, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5855

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Bipartisan Solution to Cyclical Violence Act of 2020''.

SEC. 2. GRANT PROGRAM SUPPORTING TRAUMA CENTER VIOLENCE INTERVENTION AND VIOLENCE PREVENTION PROGRAMS.

Part P of title III of the Public Health Service Act (42 U.S.C. 280g et seq.) is amended by adding at the end the following new section:

''SEC. 399V–7. GRANT PROGRAM SUPPORTING TRAUMA CENTER VIOLENCE INTERVENTION AND VIOLENCE PREVENTION PROGRAMS.

''(a) AUTHORITY ESTABLISHED.—

''(1) IN GENERAL.—The Secretary shall award grants to eligible entities to establish or expand violence intervention or prevention programs for services and research designed to reduce the incidence of reinjury and reincarceration caused by intentional violent trauma, excluding intimate partner violence.

''(2) FIRST AWARD.—Not later than 9 months after the date of enactment of this section, the Secretary shall make the first award under paragraph (1).

''(3) GRANT DURATION.—Each grant awarded under paragraph (1) shall be for a period of three years.

''(4) GRANT AMOUNT.—The total amount of each grant awarded under paragraph (1) for the 3-year grant period shall be not less than $250,000 and not more than $500,000.

''(5) SUPPLEMENT NOT SUPPLANT.—A grant awarded under paragraph (1) to an eligible entity with an existing program described in paragraph (1) shall be used to supplement, and not supplant, any other funds provided to such entity for such program.

''(b) ELIGIBLE ENTITIES.—To be eligible to receive a grant under subsection (a)(1), an entity shall—

''(1) either be—

''(A) a State-designated trauma center, or a trauma center verified by the American College of Surgeons, that conducts or seeks to conduct a violence intervention or violence prevention program; or

''(B) a nonprofit entity that conducts or seeks to conduct a program described in subparagraph (A) in cooperation with a trauma center described in such subparagraph;

''(2) serve a community in which at least 100 incidents of intentional violent trauma occur annually; and

''(3) submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

''(c) SELECTION OF GRANT RECIPIENTS.—

''(1) GEOGRAPHIC DIVERSITY.—In selecting grant recipients under subsection (a)(1), the Secretary shall ensure that collectively grantees represent a diversity of geographic areas.

''(2) PRIORITY.—In selecting grant recipients under subsection (a)(1), the Secretary shall prioritize applicants that serve one or more communities with high absolute numbers or high rates of intentional violent trauma.

''(3) HEALTH PROFESSIONAL SHORTAGE AREAS.—

''(A) ENCOURAGEMENT.—The Secretary shall encourage entities described in paragraphs (1) and (2) that are located in or serve a health professional shortage area to apply for grants under subsection (a)(1).

''(B) DEFINITION.—In subparagraph (A), the term 'health professional shortage area' means a health professional shortage area designated under section 332.

''(d) REPORTS.—

''(1) REPORTS TO SECRETARY.—

''(A) IN GENERAL.—An entity that receives a grant under subsection (a)(1) shall submit reports on the use of the grant funds to the Secretary, including progress reports, as required by the Secretary. Such reports shall include—

''(i) any findings of the program established, or expanded, by the entity through the grant; and

''(ii) if applicable, the manner in which the entity has incorporated such findings in the violence intervention or violence prevention program conducted by such entity.

''(B) OPTION FOR JOINT REPORT.—To the extent feasible and appropriate, an entity that receives a grant under subsection (a)(1) may elect to coordinate with one or more other entities that have received such a grant to submit a joint report that meets the requirements of subparagraph (A).

''(2) REPORT TO CONGRESS.—Not later than six years after the date of enactment of the Bipartisan Solution to Cyclical Violence Act of 2020, the Secretary shall submit to Congress a report—

''(A) on any findings resulting from reports submitted to the Secretary under paragraph (1);

''(B) on best practices developed by the Secretary under subsection (e); and

''(C) with recommendations for legislative action relating to intentional violent trauma prevention that the Secretary determines appropriate.

''(e) BEST PRACTICES.—Not later than six years after the date of enactment of the Bipartisan Solution to Cyclical Violence Act of 2020, the Secretary shall—

''(1) develop, and post on a public website of the Department of Health and Human Services, best practices for intentional violent trauma prevention, based on any findings reported to the Secretary under subsection (d)(1); and

''(2) disseminate such best practices to stakeholders, as determined appropriate by the Secretary.

''(f) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there is authorized to be appropriated $10,000,000 for the period of fiscal years 2021 through 2024.''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Oregon (Mr. WALDEN) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 5855.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, trauma is a pressing public health epidemic. In 2016 alone, trauma accounted for 29.2 million emergency department visits and 39.5 million physician office visits in the U.S.

Tragically, homicide is the leading cause of death for Black males 1 to 24 years old and the second leading cause of death in Hispanic males 1 to 24 years old.

Regardless of race, among those who survive a single violent trauma, it is estimated that up to 45 percent will experience a second violent trauma. This is where H.R. 5855 steps in to provide critical data-driven interventions.

The Bipartisan Solution to Cyclical Violence Act of 2020 identifies patients at risk of repeat violent injury and connects them with hospital and community-based resources. The bill bridges tragedy with hospital-based violence intervention programs by providing intensive case management to individuals who have experienced at least one violent trauma. These programs have been shown to successfully reduce injury recidivism and help those at risk for violence live safer lives.

I want to commend my colleagues, Representatives RUPPERSBERGER and KINZINGER, for spearheading this initiative and the University of Maryland Hospital for establishing its shock trauma unit, which established the first cycles of violence intervention program.

Again, I urge my colleagues to support this important bipartisan bill, and I reserve the balance of my time.

Mr. WALDEN. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in support of H.R. 5855, the Bipartisan Solution to Cyclical Violence Act of 2020.

I want to thank our colleagues, Representatives RUPPERSBERGER and KINZINGER, for putting forward a meaningful solution to address violence in all of our communities. This legislation provides Federal grants to hospitals and trauma centers for intervention services for victims of violent crime.

Violence in America disproportionately impacts urban and underserved communities where poor social determinants of health can contribute to structural violence. Hospital-based intervention programs help reduce violence because they reach high-risk individuals recently admitted to a hospital for treatment of a serious violent injury.

Hospitalization presents a unique and, frankly, teachable moment when an individual may be open to help, in turn, breaking the cycle of violence by immediate intervention.

Currently, many hospitals are left with nothing but simply discharging gunshot injury patients without any strategy in place to reduce the risk of recidivism or retaliation. However, according to the American College of Surgeons, those who received violence intervention at the hospital, Madam Speaker, were significantly less likely to be reinjured and to get involved in crime in the future. So it works.

By supporting hospital-based violence intervention programs, this bill would help individuals at risk from becoming entangled in violent crime and connect them with local resources that address the underlying risk factors for violence.

Madam Speaker, I urge a ''yes'' vote, and I reserve the balance of my time.

Mr. PALLONE. Madam Speaker, I yield 4 minutes to the gentleman from Maryland (Mr. RUPPERSBERGER), the sponsor of the legislation.

(Mr. RUPPERSBERGER asked and was given permission to revise and extend his remarks.)

Mr. RUPPERSBERGER. Madam Speaker, I rise to urge my colleagues to support this bipartisan bill that will reduce the scourge of violence in America.

The bill is based on a very simple concept: helping the victims of violent injury before they become repeat victims or even perpetrators themselves. We can do this by expanding hospital-based violence intervention programs around the country.

I was inspired to write this bill after learning about the violence intervention program at the University of Maryland R. Adams Cowley Shock Trauma Center. Maryland Shock Trauma is considered one of the top trauma centers in the world. And, by the way, it helped save my life years ago.

Shock Trauma has a staggering 20 percent of patients who are the victims of violence, usually stabbings and shootings, that have occurred on the streets of Baltimore. Many of these patients are repeat customers, caught in a revolving door of violent reinjury. In fact, one of the leading risk factors for violent injury is a prior violent injury.

Shock Trauma is taking advantage of the fact that these patients are a captive audience, confined to a bed and off the streets, if only for a few days.

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Participants in their violence intervention program, one of the 40 that now exist across the country, receive a brief intervention in the emergency room or at the hospital bedside. They get counseling and support that could include help with groceries, bus money, substance abuse treatment, job training or help finding affordable housing.

This intervention is then followed by intensive community-based case management services in the months following the injury. At Shock Trauma, program participants have shown an 83 percent decrease in rehospitalization due to intentional violent injury, and a 75 percent reduction in criminal activity, and an 82 percent increase in employment.

This bill that we have before us today, the Bipartisan Solution to Cyclical Violence Act, provides $10 million in Federal grants to hospitals that want to create or expand violence prevention programs. At the end of a 3-year pilot, each hospital will report its findings back to the Federal Government. Awards will range from $250,000 to $500,000.

I believe, however, this bill will net cost savings to the American taxpayers by reducing violent crime, which costs more than $12 billion, from police, courts, and jails, to the medical expenses of victims, to the lost wages to both victims and perpetrators.

Further, as we engage in a national conversation about reimagining public safety, I think we need to do what we can to shift social work away from police and first responders and back to the experts in mental health, substance abuse, homelessness, unemployment, and other areas that often afflict victims of violent crime.

In fact, when I first introduced this bill in 2019, it was endorsed by the Fraternal Order of Police, the National Association of Resource Officers, and the National District Attorneys Association. We also received endorsements from the NAACP, American College of Surgeons, Network of Hospital-Based Violence Intervention Programs, and the National League of Cities. It has also been endorsed by the National Hospital Association.

Madam Speaker, I thank my friend, ADAM KINZINGER, for coauthoring this important legislation; and Chairman FRANK PALLONE and Ranking Member WALDEN for helping us work through this bill.

Madam Speaker, I urge my colleagues to vote for the Bipartisan Solution to Cyclical Violence Act.

Mr. WALDEN. Madam Speaker, I thank my friend from Maryland for his good work on this legislation.

Madam Speaker, I yield 3 minutes to the gentleman from Illinois (Mr. KINZINGER), who is a very talented legislator. He has put a lot into this bill.

Mr. KINZINGER. Madam Speaker, the COVID pandemic has changed almost every aspect of American life. While it may be difficult to measure at this stage, we know the impact on medical health of Americans across the country is significant and it is alarming.

In the age of technology and instant gratification, more and more people were already feeling less connected. But once the pandemic struck, the negative effects of isolation and uncertainty were only compounded into a sense of hopelessness nationwide. If you don't have hope, you have very little reason to follow a moral code or fear the results of your actions.

Hopelessness and desperation can be a dangerous trigger and it can lead to acts of violence. Unfortunately, victims of violence are often caught in a vicious cycle of violence, as one of the main risk factors for violent injury is a previous violent injury.

My colleague, Congressman RUPPERSBERGER, and I introduced legislation to try and put a stop to this horrific cycle of violence, the Bipartisan Solution to Cyclical Violence Act. Our legislation establishes a grant program at the Department of Health and Human Services to award grants to existing and aspiring violence intervention programs.

These programs intervene while a victim is still in the hospital recovering from their injuries, and provide a wide range of services like counseling, substance abuse treatment, job training, or even assistance finding affordable housing. And it doesn't stop when the victim walks out of the hospital. The intervention continues for several months, and sometimes even up to a year following the initial incident.

The successes of these programs have been astounding. At the University of Maryland Medical System, participants showed an 83 percent decrease in rehospitalization due to intentional violent injury, and a 75 percent reduction in criminal activity, and an 82 percent increase in employment. These programs really work.

By supporting victims with the resources and education to pursue a different path, we can stop the vicious cycle of violence and give people hope for a better tomorrow. It is more important than ever that we work together to help and heal those who are struggling.

I remain committed to finding commonsense and bipartisan solutions to problems facing our country, and the Bipartisan Solution to Cyclical Violence Act is a perfect example of how we can work together to enact policies that will have real and lasting impact in our communities.

Madam Speaker, I thank Congressman DUTCH RUPPERSBERGER for working on this important bipartisan legislation. I also thank the chairman and the ranking member for bringing this up and your help with that.

Mr. WALDEN. Madam Speaker, I have no more speakers on our side of the aisle. I urge passage of the bill, and I yield back the balance of my time.

Mr. PALLONE. Madam Speaker, I also urge all of my colleagues to support this legislation, and I yield back the balance of my time.

The SPEAKER pro tempore (Ms. WILD). The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 5855, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

BLOCK, REPORT, AND SUSPEND SUSPICIOUS SHIPMENTS ACT OF 2020

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 3878) to amend the Controlled Substances Act to clarify the process for registrants to exercise due diligence upon discovering a suspicious order, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3878

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Block, Report, And Suspend Suspicious Shipments Act of 2020''.

SEC. 2. CLARIFICATION OF PROCESS FOR REGISTRANTS TO EXERCISE DUE DILIGENCE UPON DISCOVERING A SUSPICIOUS ORDER.

(a) IN GENERAL.—Paragraph (3) of section 312(a) of the Controlled Substances Act (21 U.S.C. 832(a)) is amended to read as follows:

''(3) upon discovering a suspicious order or series of orders—

''(A) exercise due diligence;

''(B) establish and maintain (for not less than a period to be determined by the Administrator of the Drug Enforcement Administration) a record of the due diligence that was performed;

''(C) decline to fill the order or series of orders if the due diligence fails to resolve all of the indicators that gave rise to the suspicion that filling the order or series of orders would cause a violation of this title by the registrant or the prospective purchaser; and

''(D) notify the Administrator of the Drug Enforcement Administration and the Special Agent in Charge of the Division Office of the Drug Enforcement Administration for the area in which the registrant is located or conducts business of—

''(i) each suspicious order or series of orders discovered by the registrant; and

''(ii) the indicators giving rise to the suspicion that filling the order or series of orders would cause a violation of this title by the registrant or the prospective purchaser.''.

(b) REGULATIONS.—Not later than 1 year after the date of enactment of this Act, for purposes of section 312(a)(3) of the Controlled Substances Act, as amended by subsection (a), the Attorney General of the United States shall promulgate a final regulation specifying the indicators that give rise to a suspicion that filling an order or series of orders would cause a violation of the Controlled Substances Act (21 U.S.C. 801 et seq.) by a registrant or a prospective purchaser.

(c) APPLICABILITY.—Section 312(a)(3) of the Controlled Substances Act, as amended by